

STONEBRIDGE CASUALTY INSURANCE COMPANY
Home Office: Columbus, Ohio
ADMINISTRATIVE OFFICE: 100 LIGHT STREET
BALTIMORE, MARYLAND 21202

This Policy is issued to you. The Policy is issued in consideration of payment of premiums as provided by its terms.

We agree to pay benefits in accordance with all the provisions of this Policy.

Premiums are payable to us or our agent in amounts as set forth by us.

The provisions found on the following attached pages form a part of this Policy as if recited over the signatures shown below.

TEN DAY RIGHT TO EXAMINE POLICY

If you are not satisfied for any reason, you may return this Policy within 10 days after receipt. Your premium will be refunded. When so returned, the Policy is void from the beginning. Return the Policy to us at our Administrative Office or to our authorized agent.

This Policy is executed on the Effective Date, at Columbus, Ohio.



President



Secretary

INDIVIDUAL TRAVEL INSURANCE POLICY
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS
MEDICAL EXPENSE BENEFITS
EMERGENCY ASSISTANCE BENEFITS
NONPARTICIPATING

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SCHEDULE

Insured:

The words "you," "your," and "yours" means the Insured.

Policy Number: Refer to your Policy Confirmation Letter

Effective Date of Coverage: Refer to your Policy Confirmation Letter

Premium Amount: Refer to your Policy Confirmation Letter

Benefit Schedule for Plan Code 1ISIC:

	Maximum Benefit Amount
Accidental Death and Dismemberment	\$1,000 Policy maximum
_ Air Flight Coverage	\$5,000 Policy maximum

Medical Expense/Emergency Assistance

Split Limit Coverage

Emergency Medical Evacuation \$300,000 Policy maximum

Accident/Sickness Medical Expense \$25,000 Policy maximum

Repatriation \$300,000 per Policy included in Medical Evacuation

Trips: Refer to your Policy Confirmation Letter

Trip Duration/Cost/Destination

Refer to your Policy Confirmation Letter

Premium Rate Per Person

Refer to your Policy Confirmation Letter

WHEN COVERAGE BEGINS

All coverages will take effect on the later of 1) the date the premium has been received by us; 2) the date and time you start your Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip.

WHO IS ELIGIBLE FOR COVERAGE

A person who has arranged to take a Trip, pays the required premium, and is a resident of the United States of America.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Trip and covered under the policy, and you suffer one of the losses listed below within 180 days of the Accident. The Principal Sum is the benefit shown on the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life	100%
Both Hands; Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand; One Foot or Sight of One Eye	50%

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

Air Flight Benefits

The benefits provided by the policy for Air Flight applies only if you sustain a covered loss in an Accident which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

Exposure and Disappearance

If by reason of an Accident covered by the policy, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits are otherwise payable, such loss shall be covered hereunder. If you are involved in an Accident which results in the sinking or wrecking of a conveyance in you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

MEDICAL OR DENTAL EXPENSE BENEFITS

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip.; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

Please refer to the Definitions for an explanation of Pre-Existing Conditions which are excluded under the Medical or Dental Expense Benefits.

Covered Medical or Dental Expenses:

- (1) expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you within one year from the date of your Sickness or Injury during a Trip and;
- (2) expenses for emergency dental treatment incurred by you during a Trip.

Your duties in the event of a Medical or Dental Expense:

- (1) You must provide us with all bills and reports for medical and/or dental expenses claimed.

- (2) You must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
- (3) You must sign a patient authorization to release any information required by us to investigate your claim.

EMERGENCY ASSISTANCE BENEFITS

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip.; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

Please refer to the Definitions for an explanation of Pre-Existing Conditions which are excluded under the Emergency Assistance Benefits.

Covered Expenses (Emergency Assistance):

- (1) expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors prior approval;
- (2) expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
- (3) expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
- (4) expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence in the United States of America, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors prior approval;
- (5) expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence in the United States of America, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in this policy;
- (6) repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America.

DEFINITIONS

ACCIDENT means a sudden, unexpected, unintended and external event, which causes Injury.

DOMESTIC PARTNER means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

ELECTIVE TREATMENT AND PROCEDURES means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

HOME means your primary or secondary residence.

HOSPITAL means an institution, which meets all of the following requirements:

- (1) it must be operated according to law;
- (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
- (3) it must provide diagnostic and surgical facilities supervised by Physicians;
- (4) registered nurses must be on 24 hour call or duty; and
- (5) the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

IMMEDIATE FAMILY MEMBER includes your or the Traveling Companion's dependent, spouse, child, spouse's child, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncles, aunts, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

INJURY means bodily harm caused by an Accident which: 1) occurs while the Insured's coverage is in effect under the plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

OTHER VALID AND COLLECTIBLE GROUP INSURANCE means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

PRE-EXISTING CONDITION means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion or Immediate Family Member is scheduled or booked to travel with you:

- (1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or
- (2) took or received a prescription for drugs or medicine.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this policy.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Trip started or to a different final destination.

SICKNESS means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the policy is in effect.

TRAVELING COMPANION means a person whose name(s) appear(s) with you on the same Trip arrangement.

TRIP means a scheduled trip for which coverage has been elected and the premium paid, and all travel arrangements are arranged prior to the Scheduled Departure Date of the Trip.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile.

EXCLUSIONS

The following exclusion applies to the Accidental Death and Dismemberment coverage:

- (1) We will not pay for loss caused by or resulting from Sickness of any kind.

The following exclusion applies to the Emergency Assistance coverage:

- (2) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this policy, including death that results therefrom. This Exclusion does not apply to benefits under Covered Emergency Assistance Expenses item # 1 and item # 2 (emergency medical evacuation) or item #6 (repatriation of remains).

The following exclusion applies to the Medical or Dental Expense coverage:

- (3) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this Policy, including death that results therefrom.

The following exclusion applies to all coverages:

- (4) We will not pay for any loss under this policy, caused by, or resulting from:
 - a) suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, or Immediate Family Member booked to travel with you, while sane or insane;
 - b) mental, nervous, or psychological disorders;
 - c) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
 - d) normal pregnancy or resulting childbirth or elective abortion;
 - e) participation as a professional in athletics;
 - f) participation in organized amateur and interscholastic athletic or sports competition or events;
 - g) riding or driving in any motor competition;
 - h) declared or undeclared war, or any act of war;
 - i) civil disorder;
 - j) service in the armed forces of any country;
 - k) nuclear reaction, radiation or radioactive contamination;
 - l) operating or learning to operate any aircraft, as pilot or crew;
 - m) mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
 - n) any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
 - o) any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
 - p) Elective Treatment and Procedures;
 - q) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
 - q) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this policy is not in effect for you.

WHEN COVERAGE ENDS

Your coverage automatically ends on the earlier of:

- (1) the date the Trip is completed;
- (2) the Scheduled Return Date;
- (3) your arrival at the return destination on a roundtrip, or the destination on a one-way trip;
- (4) cancellation of the Trip covered by the plan.

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All coverages under the plan will be extended if your entire Trip is covered by the policy and your return is delayed by unavoidable circumstances beyond your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

GENERAL PROVISIONS

CONCEALMENT OR FRAUD

We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to this policy.

CONFORMITY TO LAW

Any provision of this plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

DUPLICATION OF COVERAGE

You may only purchase one policy from us for each Trip. If you do purchase more than one policy for a specific Trip, the maximum limit of coverage payable will be as specified in the policy with the highest level of benefits. We will refund premiums received from you under any other policy.

ENTIRE CONTRACT; CHANGES

Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application form.

This policy may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of this plan. No agent or other person may change this plan or waive any of its terms. The change will be endorsed on this plan.

EXAMINATION UNDER OATH

As often as we may reasonably require, you or any person making a claim under this plan must submit to examination under oath.

MAXIMUM BENEFIT AMOUNT

The maximum benefit amount for each claim is listed in the Schedule or application form, subject to the individual benefit amount and the company's maximum limit of liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's maximum limit of liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

OUR RIGHT TO RECOVER FROM OTHERS

We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

CLAIMS PROVISIONS

NOTICE OF CLAIM We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

PROOF OF LOSS Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless the Insured is legally incapacitated.

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

LEGAL ACTIONS No legal action may be brought to recover on this plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of this plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

PAYMENT OF CLAIMS Benefits for loss of life will be paid to your estate, or if no estate, your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

AMENDMENT

This Amendment is part of the Policy to which it is attached. The Policy is amended as follows for residents of the State of **Washington**.

Paragraph One under the **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS** is deleted in its entirety and replaced by the following:

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Trip and covered under the policy, and you suffer one of the losses listed below with 365 days of the Accident. The Principal Sum is the benefit shown on the Schedule.

The **AIR FLIGHT BENEFITS** is deleted in its entirety and replaced by the following:

Air Flight Benefits

The benefits provided by the policy for Air Flight applies only if you sustain a covered loss within 365 days of an Accident which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

Under Item #4 of the **EXCLUSIONS** section, the following exclusions are deleted in their entirety:

- g) riding or driving in any motor competition;
- k) nuclear reaction, radiation or radioactive contamination; and
- m) mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company.

Under Item #4 of the **EXCLUSIONS** section, the following exclusion is deleted in its entirety and replaced by the following:

- c) alcoholism and/or drug addiction

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

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FAMILY MEMBER DEFINITION RIDER

This Immediate Family Member Definition Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The term "Immediate Family Member", whenever used in the Policy and/or Riders, is hereby replaced with the term "Family Member".

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

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COVERED TRIP DEFINITION RIDER

This Rider is part of the Policy to which it is attached. It is issued in consideration of payment of any required premium.

The term "Trip", wherever used in the Policy and/or Riders, is hereby replaced with the term "Covered Trip".

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

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TRAVELING COMPANION DEFINITION RIDER

This Traveling Companion Definition Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The Policy definition of Traveling Companion is deleted and replaced as follows:

TRAVELING COMPANION means a person whose name appears with you on the same Trip Arrangement and who during the Trip will accompany you.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

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SICKNESS DEFINITION RIDER

This Sickness Definition Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The Policy definition of Sickness is deleted and replaced as follows:

SICKNESS means an illness or disease of the body which requires examination and treatment by a Physician.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

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Travel Insurance Coverage

OUTLINE OF COVERAGE

- 1. Read Your Policy Carefully** - This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **Read Your Policy Carefully!**
- 2. Travel Insurance Coverage** - Policies of this category are designed to provide, to persons insured, coverage for a loss resulting from a covered accident while on a trip, subject to any limitations contained in the policy. Coverage is provided for medical expenses incurred as a result of injury or sickness while traveling on a trip.
- 3. Description of Benefits:**

Accidental Death And Dismemberment Benefits

If you suffer a loss from an accident while on a trip and the loss occurs within 180 days of the accident, we will pay the following benefits:

<u>Loss:</u>	<u>Benefits:</u>
Air Flight Coverage	\$5,000
Life.....	100% of the benefit amount;
Both Hands; Both Feet or Sight of Both Eyes...	100% of the benefit amount;
One Hand and One Foot.....	100% of the benefit amount;
One Hand and Sight of One Eye.....	100% of the benefit amount;
One Foot and Sight of One Eye.....	100% of the benefit amount;
One Hand; One Foot or Sight of One Eye.....	50% of the benefit amount.

Medical or Dental Expense/Emergency Assistance Benefit

If you incur Covered Expenses as a result of Injury or Sickness while traveling on a Trip, we will pay the following benefit:

Split Limit Coverage

Emergency Medical Evacuation	\$300,000 Policy maximum
Accident/Sickness Medical Expense	\$25,000 Policy maximum
Repatriation	\$300,000 per Policy included in Medical Evacuation

4. Exclusions:

The following exclusion applies to the Accidental Death and Dismemberment coverage:

- (1) We will not pay for loss caused by or resulting from Sickness of any kind.

The following exclusion applies to the Emergency Assistance coverage:

- (2) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this policy, including death that results therefrom. This Exclusion does not apply to benefits under Covered Emergency Assistance Expenses item #1 and item #2 (emergency medical evacuation) or item #6 (repatriation of remains).

The following exclusion applies to the Medical or Dental Expense coverage:

- (3) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in this Policy, including death that results therefrom.

The following exclusion applies to all coverage:

- (4) We will not pay for any loss under this policy, caused by, or resulting from:
 - (a) suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, or Immediate Family Member booked to travel with you, while sane or insane;
 - (b) mental, nervous, or psychological disorders;
 - (c) alcoholism and/or drug addiction;
 - (d) normal pregnancy or resulting childbirth or elective abortion;
 - (e) participation as a professional in athletics;
 - (f) participation in organized amateur and interscholastic athletic or sports competition or events;
 - (g) declared or undeclared war, or any act of war;
 - (h) civil disorder;
 - (i) operating or learning to operate any aircraft, as pilot or crew;
 - (j) any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
 - (k) any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
 - (l) Elective Treatment and Procedures;
 - (m) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
 - (n) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this policy is not in effect for you.

5. When Coverage Ends:

This coverage automatically ends on the earlier of:

- (1) the date the Trip is completed;
- (2) the Scheduled Return Date;
- (3) your arrival at the return destination on a roundtrip, or the destination on a one-way trip;
- (4) cancellation of the Trip covered by the plan.

All coverages under the plan will be extended if your entire Trip is covered by the policy and your return is delayed by unavoidable circumstances beyond your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

STONEBRIDGE CASUALTY INSURANCE COMPANY
Home Office: Columbus, Ohio
ADMINISTRATIVE OFFICE: 100 LIGHT STREET
BALTIMORE, MARYLAND 21202

This Policy is issued to you. The Policy is issued in consideration of payment of premiums as provided by its terms.

We agree to pay benefits in accordance with all the provisions of this Policy.

Premiums are payable to us or our agent in amounts as set forth by us.

The provisions found on the following attached pages form a part of this Policy as if recited over the signatures shown below.

TEN DAY RIGHT TO EXAMINE POLICY

If you are not satisfied for any reason, you may return this Policy within 10 days after receipt. Your premium will be refunded. When so returned, the Policy is void from the beginning. Return the Policy to us at our Administrative Office or to our authorized agent.

This Policy is executed on the Effective Date, at Columbus, Ohio.



President



Secretary

INDIVIDUAL TRAVEL INSURANCE POLICY
BAGGAGE DELAY BENEFITS
TRAVEL DELAY BENEFITS
NONPARTICIPATING

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SCHEDULE

Insured: The words "you," "your," and "yours" means the Insured.

Policy Number: Refer to your Policy Confirmation Letter

Effective Date of Coverage: Refer to your Policy Confirmation Letter

Premium Amount: Refer to your Policy Confirmation Letter

Benefit Schedule for Plan Code 1ISIC:

Table with 2 columns: Benefit, Maximum Benefit Amount. Rows include Travel Delay and Baggage Delay, both with a \$100 Policy maximum.

WHO IS ELIGIBLE FOR COVERAGE

A person who has arranged to take a Trip, pays the required premium and is a resident of the United States of America.

WHEN COVERAGE BEGINS

All coverages will take effect on the later of 1) the date the premium has been received by us; 2) the date and time you start your Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip.

BAGGAGE DELAY

We will pay up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for more than 24 hours during the Trip. This coverage terminates upon your arrival at the return destination of your Trip.

DEFINITIONS

BAGGAGE means luggage, personal possessions, and travel documents taken by you on the Trip.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Trip started or to a different final destination.

TRIP means a scheduled trip for which coverage has been elected and the premium paid, and all travel arrangements are arranged prior to the Scheduled Departure Date of the Trip.

WHEN COVERAGE ENDS

Your coverage automatically ends on the earlier of:

- (1) The date the Trip is completed;
- (2) The Scheduled Return Date;
- (3) Your arrival at the return destination on a roundtrip, or the destination on a one-way trip;
- (4) Cancellation of the Trip covered by the policy.

EXCLUSIONS

The following exclusion applies to all coverages:

- (1) We will not pay for any loss under this policy, caused by, or resulting from:
 - a) declared or undeclared war, or any act of war;
 - b) civil disorder;
 - c) service in the armed forces of any country;
 - d) nuclear reaction, radiation or radioactive contamination;
 - e) any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
 - f) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this policy is not in effect for you.
 - g) a loss or damage caused by detention, confiscation, or destruction by customs.

GENERAL PROVISIONS

CONCEALMENT OR FRAUD We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to this plan.

CONFORMITY TO LAW Any provision of this plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

DUPLICATION OF COVERAGE You may only purchase one certificate from us for each Trip. If you do purchase more than one policy for a specific Trip, the Maximum Limit of Coverage payable will be as specified in the policy with the highest level of benefits. We will refund premiums received from you under any other policy.

ENTIRE CONTRACT; CHANGES Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application form.

This plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of this plan. No agent or other person may change this plan or waive any of its terms. The change will be endorsed on this plan.

EXAMINATION UNDER OATH As often as we may reasonably require, you or any person making a claim under this plan must submit to examination under oath.

MAXIMUM BENEFIT AMOUNT The maximum benefit amount for each claim is listed in the Schedule or application form, subject to the individual benefit amount and the company's maximum limit of liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's maximum limit of liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above

limitations.

OUR RIGHT TO RECOVER FROM OTHERS We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

CLAIMS PROVISIONS

NOTICE OF CLAIM We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

PROOF OF LOSS Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless the Insured is legally incapacitated.

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

LEGAL ACTIONS No legal action may be brought to recover on this plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of this plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

PAYMENT OF CLAIMS Benefits for loss of life will be paid to your estate, or if no estate, your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

TRAVEL DELAY BENEFITS RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the payment of the required premium.

If your Trip is delayed for 8 hours or more, we will reimburse you up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Travel Delay must be caused by or result from: 1) Common Carrier delay; or 2) loss or theft of your passport(s), travel documents or money; or 3) quarantine; or 4) hijacking; or 5) natural disaster; or adverse weather; or 6) Injury or Sickness of you, an Immediate Family Member traveling with you; or 7) death of you, an Immediate Family Member traveling with you, or a Traveling Companion.

Benefits are subject to all terms and conditions of the Policy. This rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5216BRS

BAGGAGE DELAY BENEFITS RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the payment of the required premium.

The Baggage Delay Benefit of the Policy is deleted and replaced as follows:

BAGGAGE DELAY

We will pay up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for more than 24 hours during the Trip. We will also reimburse you up to \$25 for expenses incurred during your Trip to expedite the return of your delayed Baggage. This coverage terminates upon your arrival at the return destination of your Trip.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5201BRS

BAGGAGE AND PERSONAL EFFECTS BENEFITS RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

We will reimburse you, less any amount paid or payable from any Other Valid and Collectible Group Insurance or indemnity, up to the amount shown in the Declarations, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

Valuation and Payment of Loss

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon the Actual Cash Value. For items without receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss. We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

Continuation of Coverage

If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

Items Not Covered

We will not pay for damage to or loss of: (1) animals; (2) property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof; (3) boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances; (4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; (5) documents or tickets, except for administrative fees required to reissue tickets; (6) money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds food stamps or credit cards, except as noted above; (7) property shipped as freight or shipped prior to the Scheduled Departure Date; (8) contraband.

Losses Not Covered

We will not pay for loss arising from: (1) defective materials or craftsmanship; or (2) normal wear and tear, gradual deterioration, inherent vice; or (3) rodents, animals, insects or vermin; or (4) electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Your Duties in the Event of a Loss

In case of loss, theft or damage to Baggage and Personal Effects, you should: 1) immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and 2) take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above. This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5206BRS.WA

DEFINITIONS RIDER

This Definitions Rider is a part of the policy to which it is attached. It is issued in consideration of payment of any required premium.

The following Definitions are added to the Policy and apply to the **Pre-Departure Trip Cancellation** and/or **Post-Departure Trip Interruption** and/or **Travel Delay** and/or **Baggage and Personal Effects Benefits**:

ACCIDENT means a sudden, unexpected, unintended and external event, which causes Injury.

ACTUAL CASH VALUE means purchase price less depreciation.

COMMON CARRIER means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

DOMESTIC PARTNER means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

ELECTIVE TREATMENT AND PROCEDURES means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

HOME means your primary or secondary residence.

IMMEDIATE FAMILY MEMBER includes your or the Traveling Companion's spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), brother-sister, grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, guardian, Domestic Partner, foster-child, or ward.

INJURY means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the Policy; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

OTHER COVERED EVENTS means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy:

1. Common Carrier delays resulting from organized labor strikes that affect public transportation;
2. Arrangements canceled by an airline, cruise line or tour operator resulting from inclement weather or organized labor strikes that affect public transportation;
3. a change in plans by you, an Immediate Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy: a) being directly involved in a documented traffic accident while en route to departure; b) being hijacked, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, an Immediate Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer; c) your Home is made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; d) being called into active military service to provide aid or relief in the event of a natural disaster; e) a documented theft of passports or visas; f) a transfer of employment of 250 miles or more.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

PRE-EXISTING CONDITION means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion or Immediate Family Member scheduled or booked to travel with you: 1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and

remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this Policy.

SICKNESS means an illness or disease of the body which requires examination and treatment by a Physician.

TRAVELING COMPANION means a person whose name appears with yours on the same Trip arrangement.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.



President



Secretary

TAHC5276DEFRS

TRIP DEFINITION RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of any required premium.

The term "Trip", wherever used in the Policy and/or Riders, is hereby replaced with the term "Covered Trip."

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5222DEFRS

TRIP DEFINITION RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The policy definition of Trip is deleted and replaced as follows:

TRIP means: a period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when an Insured applies; the trip does not exceed 105 days.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5227DEFRS

TRAVELING COMPANION RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The definition of Traveling Companion in the Policy Definitions Rider is deleted and replaced as follows:

TRAVELING COMPANION means a person whose name appears with you on the same Trip Arrangement and who during the Trip will accompany you.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above. This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5201RS

PRE-EXISTING CONDITION DEFINITION RIDER

This Pre-Existing Condition Definition Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The following definition is added to the Definitions section:

PRE-EXISTING CONDITION means an illness, disease, or other condition during the 90 day period immediately prior to your effective date for which you or your Traveling Companion or Family Member is scheduled or booked to travel with you:

- (1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or
- (2) took or received a prescription for drugs or medicine.

Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 90 day period before coverage is effective under this policy.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5221DEFRS

DEFINITIONS RIDER

The Definitions Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The following definition is added to the Definitions section:

UNINHABITABLE means the dwelling is not suitable for human occupancy in accordance with local public safety guidelines.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions, limitations or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5280DEFRS

IMMEDIATE FAMILY MEMBER DEFINITION RIDER

This Immediate Family Member Definition Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The term "Immediate Family Member", wherever used in the Policy and/or Riders, is hereby replaced with the term "Family Member".

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5216DEFRS

FINANCIAL INSOLVENCY DEFINITION RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The following definition of Financial Insolvency is added to the Definitions section:

FINANCIAL INSOLVENCY means total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other travel supplier of travel services which is duly licensed in the state(s) of operation other than the entity of the person, organization, agency or firm from whom you directly purchased or paid for your Covered Trip.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5275DEFRS

POLICY EXCLUSIONS RIDER

This Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

The Policy Exclusions are hereby deleted and replaced as follows:

The following exclusion applies to all coverages:

- (1) We will not pay for any loss under the policy, caused by, or resulting from:
 - (a) suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, Immediate Family Member, booked to travel with you, while sane or insane;
 - (b) mental, nervous or psychological disorders;
 - (c) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
 - (d) normal pregnancy or resulting childbirth or elective abortion;
 - (e) participation as a professional in athletics;
 - (f) participation in organized and interscholastic athletic or sports competition or events;
 - (g) riding or driving in any motor competition;
 - (h) declared or undeclared war, or any act of war;
 - (i) civil disorder (does not apply to Travel Delay coverage);
 - (j) service in the armed forces of any country;
 - (k) nuclear reaction, radiation or radioactive contamination;
 - (l) operating or learning to operate any aircraft, as pilot or crew;
 - (m) mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
 - (n) any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
 - (o) any amount paid or payable under any workers compensation, disability benefit or similar law;
 - (p) a loss or damage caused by detention, confiscation, or destruction by customs;
 - (q) Elective Treatment and Procedures;
 - (r) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
 - (s) business, contractual or educational obligations of you, an Immediate Family Member, or Traveling Companion;
 - (t) Financial Insolvency, default or failure to supply services by a travel supplier;
 - (u) Financial Insolvency of the person, organization or firm from whom you directly purchased or paid for your Trip;
 - (v) failure of any tour operator, Common Carrier, or other travel supplier, person or agency, to provide the bargained-for travel arrangements;
 - (w) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this policy is not in effect for you.

The following exclusion applies to specific coverages:

- (2) We will not pay for loss or expense caused by or incurred resulting from:
 - a) a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses items 1 and 2 (emergency medical evacuation) or item 6 (repatriation of remains) of the Emergency Assistance Benefits coverage.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

TAHC5205PERS

STONEBRIDGE CASUALTY INSURANCE COMPANY

Home Office: Columbus, Ohio
Administrative Office: 100 Light Street
Baltimore, Maryland 21202

This Policy is a short-term travel policy. Coverage will begin and end subject to the terms and conditions set forth in this Policy by Stonebridge Casualty Insurance Company.

EFFECTIVE DATE OF COVERAGE: Refer to your Policy Confirmation Letter
EXPIRATION DATE OF COVERAGE: Refer to your Policy Confirmation Letter
POLICYHOLDER'S NAME: Refer to your Policy Confirmation Letter

COVERED TRIP: Refer to your Policy Confirmation Letter

PREMIUM PAYMENT: Refer to your Policy Confirmation Letter

DECLARATIONS PAGE - ATTACH TO YOUR POLICY

FOR INQUIRIES OR TO OBTAIN INFORMATION ABOUT COVERAGE AND TO PROVIDE ASSISTANCE IN RESOLVING COMPLAINTS CALL ONE OF THE NUMBERS LISTED BELOW:

**CSA Travel Protection
P.O. Box 939057
San Diego, CA 92193-9057
(800) 554-9839 (Toll-Free)**

Follow This Check List Should You Need to File A Claim

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. Report any claim as soon as possible. | <input checked="" type="checkbox"/> 4. Keep all documentation, such all unused non-refundable transportation tickets, official receipts, etc. |
| <input checked="" type="checkbox"/> 2. Report claims directly to the Program Administrator, your Tour Operator or Travel Agent. | <input checked="" type="checkbox"/> 5. Mail to: CSA Travel Protection
P.O. Box 939057
San Diego, CA 92193-9057 |
| <input checked="" type="checkbox"/> 3. Upon your report of a claim, you will receive a claim form, which should be fully completed and returned along with any documentation. | |